

AGENT NOTICE OF TERMINATION

LIC 447-69 (Rev 09/2008)

State of California
Department of Insurance
Mailing Address
P.O. Box 1139
Sacramento CA 95812-1139

Filed Pursuant to California Insurance Code Sections 1704, 1707 and/or 1673 or 1756.

Attach \$24 filing fee

To the Insurance Commissioner of the State of California:

Notice is hereby given that effective from the date of filing of this notice, the designated Agent hereby terminates the appointment of the insurer named herein.

Check One Box only

- | | |
|---|---|
| <input type="checkbox"/> Fire and Casualty Broker/Agent (FX) | <input type="checkbox"/> Personal Lines Broker/Agent (PL) |
| <input type="checkbox"/> Limited Lines Automobile Insurance Agent (AU) | <input type="checkbox"/> Part Time Fraternal Agent (PF) |
| <input type="checkbox"/> Life-only Agent (LO) | <input type="checkbox"/> Disability Only (DO) |
| <input type="checkbox"/> Accident and Health Agent (AH) | <input type="checkbox"/> Motor Club Agent (MC) |
| <input type="checkbox"/> Life Limited to Burial and Funeral Expenses (LOLP) | <input type="checkbox"/> Travel Agent (TA) |
| <input type="checkbox"/> Life and Disability Analyst (LA) | <input type="checkbox"/> Cargo Shipper's Agent (CS) |
| <input type="checkbox"/> Credit Insurance Agent (CI) (no fee) | <input type="checkbox"/> Home Protection (HP) |

INSURER INFORMATION

AGENT INFORMATION

Company NAIC number, name and address (if known) of the Insurer must be typed in the space below. NAIC number: _____ Insurer name: _____ Address _____ (If known): City: _____ State and Zip Code: _____	Agent's license number, name and address must be typed in the space below. License number: _____ Name: _____ (As shown on license) Address: _____ City: _____ State and Zip Code: _____
Signature of Agent ▶	Date: _____
E-mail: _____	Telephone: () _____